

Lydia Lee Hawsey's
Employees:

Irene M. North
HEBER CITY—Irene Morris North, 85, died Nov. 11, 1985 of the home of a daughter, Mrs. Kay Welch in Heber City.
Born Jan. 20, 1900 in Elkhorn (Hollistone), Utah to Harry and Louisa Jones Morris. Married Glen Wayne North July 20, 1920 in Salt Lake City. He died Nov. 8, 1937. Member LDS church. Survived by children, Mrs. Thomas (Gladys) Farrer, Mrs. Clarence (Kay) Welch and Glen North, all of Heber City; Mrs. Clyde (Evelyn) Rollins, Mapleton; Mrs. Glen (Erva) Roberts and Mrs. Roy (Lu Ann) Singleton, both of Provo; Mrs. Max (Dora) McAfee, Victorville, Calif.; Mrs. Leo (Glendell) Speirs, Vernal; Darrell North, Roosevelt; 26 grandchildren; 47 great-grandchildren; four great-great-grandchildren; brothers, Harry Hollistone Morris, Salt Lake City; Ray Morris, Roosevelt. Preceded in death by a brother, Joseph Morris.
Funeral service Thursday, 1 p.m. at the Heber 6th Ward Chapel. Friends may call at Olpin Mortuary, Wednesday, 7-9 p.m. and at the church Thursday prior to service. Burial Heber City Cemetery.
T 11/12 N3 11/12



TYPE OR PRINT • USE BLACK INK

This form is classified as PRIVATE under the Utah Information Practices Act		CERTIFICATE OF DEATH STATE OF UTAH - DEPARTMENT OF HEALTH				STATE FILE NUMBER	
DECEDENT PERSONAL DATA	LOCAL FILE NUMBER		NAME OF DECEDENT FIRST MIDDLE LAST		SEX	RACE (White, Black, Am. Indian, etc.) Specify	DATE OF DEATH (Month, Day, Year)
			IRENE NORTH		Female	White	November 11, 1985
	WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, indicate type Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> (If other, specify)		DATE OF BIRTH (Month, Day, Year)		AGE (Last Birthday)	IF UNDER 1 year IF UNDER 24 HOURS	
	January 20, 1900		85 Yrs.		Months Days Hours Minutes		
	BIRTHPLACE (State or foreign country)		CITIZEN of what country		EDUCATION—(Specify only highest grade completed)		SOCIAL SECURITY NUMBER
Elkhorn, Utah		USA		8		529-28-5190	
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		NAME of surviving spouse (If wife, enter maiden name)			
Housewife		Home		GLEN WAYNE NORTH (deceased)			
NAME OF FATHER		MAIDEN NAME OF MOTHER		Was decedent ever in U.S. Armed Forces? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
HARRY MORRIS		LOUISA JONES					
USUAL RESIDENCE	USUAL RESIDENCE—(Street address or location)		INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT		
	55 North 4th East				Mrs. Kay Welch, Daughter		
PLACE OF DEATH	CITY OR TOWN		STATE AND ZIP CODE		CITY OR TOWN		
	Heber City		Utah 84032		Heber City, Utah 84032		
MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION	NAME of hospital, nursing home or other institution where death occurred (If outside an institution, give street address or location)		Inpatient <input type="checkbox"/> E.D. patient <input type="checkbox"/> DOA <input type="checkbox"/>		CITY OR TOWN		COUNTY
	55 North 4th East (at home)				Heber City		Wasatch
	MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances.		DATE		PHYSICIAN OR MEDICAL EXAMINER SIGNATURE		TIME of death (24 hr. clock)
	Decedent was pronounced dead at _____ HOUR _____ DATE				21b <i>R.R. Green MD</i>		21c 1017
	PHYSICIAN: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below that I attended the decedent and I last saw the decedent alive on _____ day _____ month _____ year		21a Dr. R. R. Green MD		DATE SIGNED		21d Nov. 12, 1985
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22 HOUR _____ MO _____ DAY _____ YEAR _____		SIGNATURE of Funeral Director		FUNERAL HOME—Name, address and license number		
	23a 11/14/85		Guy Olpin		Olpin Mortuary - Heber City, Utah		
	NAME AND LOCATION OF CEMETERY OR CREMATORY		LOCAL REGISTRAR—Signature		Date accepted for registration by local registrar		
26 Heber City Cemetery, Heber City, Utah		27					
CAUSE OF DEATH	PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE		Enter only one cause per line for A, B and C		Interval between onset and death		
	CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		
	A1 STATING THE UNDERLYING CAUSE LAST		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		
	29						
	PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I						
INJURY INFORMATION	30				AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input type="checkbox"/>
	31a				31b		
	32				33a		
	33b				34		
	35				36		